

STATE OF ALASKA

DEPARTMENT OF REVENUE

Tax Division

SARAH PALIN, GOVERNOR

- ☒ State Office Building
PO Box 110420
Juneau, AK 99811-0420
907.465.2320
- ☐ 550 W Seventh, Suite 500
Anchorage, AK 99501-3566
907.269.6620

www.tax.alaska.gov

October 2008

Dear Operator:

Enclosed is the 2009 Operator License Application packet and a department Operating Contract for your use.

Application Processing

Applications will be processed in the order the division receives them. Please ensure that you read your application thoroughly and provide all of the information requested. Failure to provide all of the information requested or to answer all of the questions will delay the processing of your application. Please allow one month for the division to process your application after the date the division received your completed application form with all attachments.

Please remember to attach a \$500 application fee to the front of the application form. This payment can be in the form of a check or money order made out to the State of Alaska. Applications without the fee attached will not be processed until the license application fee has been received.

New Signature Requirements

Please be advised that, in order to comply with the new regulations, there has been an additional statement added to the language above the signature block that allows for the department to review any criminal history in accordance with 15 AAC 160.934.

Operator Contracts

Alaska Statutes 05.15.115 requires the department to approve or disapprove all contracts between permittees and operators. **Approval of a contract by the department under AS 05.15.115 constitutes approval as to the form required under AS 05.15.115 and 15 AAC 160.220 only.** In order to facilitate contract approval, the department developed an Operating Contract for use by permittees and operators.

The department's Operating Contract has been reviewed by the Attorney General's office for compliance with the Alaska Statutes, regulations, and general contract law. Use of the division's Operating Contract expedites contract approvals. You are

encouraged to use this contract. However, use of the department's Operating Contract is not mandatory.

Approval of contracts is subject to the limitations of Alaska Gaming Statutes and Regulations. Operator/permittee contracts do not take precedence over statutory or regulatory provisions. If a contract is in violation of a statute or regulation, the statute or regulation takes precedence, even if the contract has been approved by the division and agreed to by both parties.

The department will not approve any contract that extends beyond the end of calendar year 2009.

Notice to City or Borough

You must submit **one** copy of your operator license application to the nearest city or borough to each of your gaming locations. We no longer require that you send us a copy of the application that was submitted to the city or borough.

A **Temporary License** will be mailed to all renewal applicants who have paid their fees and submitted an application that is complete in all substantial respects by December 15, 2008. Applications postmarked on December 15, 2008 will be considered to have been received on that date. **A Temporary Operator License expires at midnight on February 15, 2009.**

An operator may not conduct gaming in 2009 unless:

- (1) A 2009 Operator License or 2009 Temporary Operator License has been issued and posted at the gaming location, and
- (2) The 2009 permits of the permittees for whom the operator is conducting gaming have been posted at the gaming location.

Thank you for your consideration. We appreciate your timely submission and will process your application as quickly as possible.

Sincerely,

A handwritten signature in black ink that reads "Jeff Prather". The signature is written in a cursive, flowing style.

Jeff Prather
Gaming Group Supervisor

Enclosures

State of Alaska

2009 Operator License Application & Instructions Check List



Failure to complete any portion of this application will result in the delay of your operator licence being issued. Use these instructions to make sure all information has been completed and attached.



Page 1: Operator License Application

- ☐ Enter your federal employer identification number (EIN), operator license number if applicable, and check a box to indicate "type of operator". If a municipality or permittee, also enter your permit number.
- ☐ Complete all other boxes under Operator Information. If you are a permittee or municipality enter the name of the permittee or municipality in the business name box.

LOCATION(S) OF ACTIVITY

- ☐ Enter the facility name, physical address, city, phone number and the types of games that will be licensed at the facility. Attach separate sheets as necessary.

LEGAL QUESTIONS

- ☐ Answer the questions by checking the appropriate box. If you check "yes" to either question, you must submit, as an attachment, the person's name, date of birth, social security number and position of responsibility.

SIGNATURES & PAYMENT

- ☐ If the operator is an individual, then that individual must sign and date the application, and print his or her name. If the operator is a permittee or municipality, the primary member in charge must sign and date the application and print his or her name. The \$500 application fee may be paid online at www.tax.alaska.gov, or you can submit a check payable to the State of Alaska with your application. Payment must be received before your application will be processed.

Page 2: Operator License Application.

- ☐ Enter your name and operator license number at the top of page 2.

CONTRACTED PERMITTEES

- ☐ Enter the permit number, name of the organization and type of games to be played for each permittee for whom you will be conducting gaming activities. Attach additional sheets as necessary.

MANAGERS AND SUPERVISORS

- ☐ You must disclose the identity of each person employed in a managerial or supervisory capacity. AS 05.15.122(3). Enter all requested information for each manager and supervisor. Attach additional sheets as necessary.

Mandatory Attachments

- ☐ Proof of insurance [AS 05.115.122(b)(4), 15 AAC 160.210]
- ☐ Bond or security [AS 05.15.122(b)(5), AS 05.15.167, 15 AAC 160.200]
- ☐ Copy of lease agreement [15 AAC 160.935(e)]
- ☐ Copy of signed operator contract for each permittee

Reminder

Addenda to contracts must be submitted to and approved by the department before the contract can become effective.

Operator's License Application

Regulations 15 AAC 160.030.(e) An applicant for an operator's license that is not a municipality shall accomplish the notice required under AS 05.15.030(a) by submitting one copy of the application described under AS 05.15.122(b) to the city or borough nearest to each location in which the applicant seeks to conduct an activity permitted under AS 05.15.

Operator Information

Federal EIN or Social Security number		If renewing, license #		Operator is <input type="checkbox"/> Individual <input type="checkbox"/> Municipality (permit #) <input type="checkbox"/> Permittee (permit #)	
Operator first name	MI	Operator last name		AK business license #	
Business name				Contact person	
Mailing address				Contact person phone number	
City		State	Zip + 4	Contact person mobile number	
Daytime phone number	Fax number		Mobile number	Contact person email	

Location(s) of Activity You must provide proof of liability insurance for each location. If more than eight locations, attach a separate sheet.

Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)
Facility name	Physical address	City	Zip + 4	Game type(s)

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Do you (the operator) or any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Do you (the operator) or any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

I declare under penalty of unsworn falsification that I have examined this application, including any attachments, and that, to the best of my knowledge and belief, it is true and complete. I understand that any false statement made on the application or any attachment is punishable by law. With my signature below I agree to allow the Department of Revenue to review any criminal history I may have in accordance with 15 AAC 160.934.

Operator signature	Printed name	Date
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License Fee is \$500

One copy of the application must be sent to each applicable municipality and borough. See instructions for mandatory attachments.

Pay online with TOPS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Mail to **Alaska Department of Revenue - Tax Division**
 PO Box 110420 • Juneau, AK 99811-0420
www.tax.alaska.gov/gaming
 Phone: (907)465-2320 • Fax: (907)465-3098

Department only
Validation #
Date stamp

Operator name	License #	2009 ALASKA OPERATOR LICENSE APPLICATION
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Contracted Permittees

List permittees for whom you will conduct gaming activities. If more than 10 permittees, attach a separate sheet.

Permit #	Name of organization	Game type(s)
Permit #	Name of organization	Game type(s)
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Managers & Supervisors

Provide the required information for each person who manages or supervises any of the licensed gaming activities as defined in AS 05.15.122. If more than four managers and supervisors, attach a separate sheet.

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

State of Alaska

2009 Amended Operator License

Application Instructions

Use the amended operator application to correct errors or make changes to information submitted on your original 2009 operator license application. Please allow three to four weeks for the amended application to be processed.

Note: If you add a game type or change gaming locations, you must submit a copy of the completed amended application to the nearest municipality or borough where the gaming activities will occur.

Operator Information

List your federal employer identification number (EIN) or social security number and your legal name. Do not complete any of the other information requested in this section unless the information reported on your original application has changed.

Change of Location(s) of Activity

If you are adding a facility, check the add box and complete all information requested in this section for the new facility. Attach a copy of the lease (if applicable), verification of liability insurance and amended contracts for the new game types.

If you have ceased gaming activity at a facility where you have previously been licensed, check the delete box and enter the name and physical address of the facility.

Please attach an amended contract for the new type of game and amended contracts for each permittee for whom games will be conducted at the new location.

Additionally, the permittee must complete and submit an application or amended application along with the contract or amended contract for the new location or activity.

Change in Contracted Permittee

If you are adding a permittee, enter the permittee's permit number, name and the type of games that will be conducted on the permittee's behalf.

If you are deleting a permittee, check the delete box, enter the permittee's permit number, name and the type of games previously conducted on the permittee's behalf.

Managers & Supervisors

Add a manager or supervisor by checking the add box and by completing all information requested under this section.

Delete a manager or supervisor by checking the delete box and entering the employee's first name, middle initial, last name and social security number. Attach additional sheets as necessary.

Legal Questions

Answer the questions by checking the yes or no box. If you answer yes to either question, you must submit the person's name, date of birth, social security number and position of responsibility.

Signature

The operator must sign and date the amended application.

Local Municipality

A change of location(s) for Permittees requires notice under AS 05.15.030(a). You can accomplish this notice requirement by submitting one copy of your amended application to the city or borough nearest to the location where activity will be conducted under AS 05.15

2009 Alaska Amended Operator License Application

Operator Information

847A

Federal EIN or Social Security number	Operator license #	Phone number	Fax number
Operator first name	MI	Operator last name	Email

Complete only if there is a change in address.

New mailing address	City	State	Zip + 4
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Change of Location(s) of Activity

You must provide proof of liability insurance for each location you add.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type(s)
Physical address		City	State Zip + 4

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type(s)
Physical address		City	State Zip + 4

Change in Contracted Permittees

List permittees for whom you will conduct gaming activities.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)

Managers & Supervisors

Provide the required information for each person who manages or supervises any of the licensed gaming activities as defined in AS 05.15.122. If more than one change, attach a separate a sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Employee first name	MI	Last name	Social Security number
Home mailing address				Home phone number
City		State	Zip + 4	Position title

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

I declare, under penalty of unsworn falsification, that I have examined this application, including any attachments, and that, to the best of my knowledge and belief, it is true and complete. I understand that any false statement made on the application or any attachment is punishable by law. With my signature below, I agree to allow the Department of Revenue to review any criminal history I may have in accordance with 15 ACC 160.934

Operator signature	Printed name	Date
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One copy of the application must be sent to all applicable municipality and borough.

See instructions for mandatory attachments.

Mail to **Alaska Department of Revenue - Tax Division**
PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098
www.tax.alaska.gov/gaming

Department only: Date stamp

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Retain a copy for your records

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